

LETTER OF VERIFICATION RESULTS AND ADVERSE ACTION

Child(ren)'s Name(s): _____

School: _____

Date: _____

Dear _____:

We have completed verification of your child(ren)'s eligibility. Starting (10 calendar days from the date sent) your child(ren)'s eligibility for meal benefits will be:

- _____ Changed from free to reduced price because your income is over the allowable amount. The reduced price charge is _____ cents for lunch and _____ cents for breakfast. You must tell the school when your household income increases by more than \$50 per month (\$600 per year) or when your household size decreases.
- _____ Stopped for the following reason(s):
 - _____ your income is over the allowable amount for free and reduced price meals;
 - _____ you did not provide proof of current eligibility. The following information is missing:

 - _____ records show that you are not receiving food stamps / TANF at this time.

Starting immediately your child(ren)'s eligibility for meal benefits will be:

- _____ Changed from reduced price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost. You must tell the school when your household income decreases by more than \$50 per month (\$600 per year) or when your household size decreases.

If you are not eligible for benefits now but have a decrease in household income, become unemployed or have an increase in the size of your household, you may fill out a form at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with: (verifying official) _____. You also have the right to a fair hearing. If you request a hearing by (date) ____, your child(ren) will continue to receive (free or reduced price meals) until the decision of the hearing official is made. You may request a fair hearing by calling or writing the following official:

Name: _____
Address: _____
Telephone number: _____

Sincerely,

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity employer.